

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS		10/2
O.I.P.E. CLASSIFIER		59	105
FORMALITY REVIEW	MC	71425	10/15/95

INDEX OF CLAIMS

..... Rejected
 Allowed
 (Through numeral) Canceled
 Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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